IN THE CLAIMS:

A listing of the claims, in accordance with the revision of 37 C.F.R. § 1.121, is provided. The listing of claims replaces all prior listings of claims. Please amend claim 32 as shown below.

CLAIM LISTING:

10. (Currently Amended) A method of improving treatment outcome or reducing risk of treatment <u>for a disease or condition</u>, comprising:

assessing treatment options for a disease or condition by measuring cell activation levels in a subject <u>with the disease or condition</u>; and, if <u>cell activation levels are</u> elevated, administering activation lowering therapy prior to commencing ~~further~~ treatment for the disease or condition, thereby improving treatment outcome or reducing risk of treatment.

11. (Original) The method of claim 10, wherein cell activation is assessed by assays that measure one or more of the level of free radical production, pseudopod formation, adhesion molecule expression and degranulation.

12. (Original) The method of claim 10, wherein the disease or condition treated is selected from cardiovascular disease, inflammatory disease, trauma, autoimmune diseases, arthritis, diabetes and diabetic complications, stroke, ischemia, Alzheimer's disease.

13. (Original) The method of claim 10, wherein the treatment being assessed is surgery, treatment of unstable angina or treatment for trauma.

14. (Original) The method of claim 10, wherein activation lowering therapy comprises administering a protease inhibitor, dialysis, alterations in lifestyle to reduce stress, or alterations in diet.

15. (Original) The method of claim 14, wherein the protease inhibitor is a serine protease inhibitor.

16. (Original) The method of claim 14, wherein the protease inhibitor is selected from among α_1-proteinase inhibitor (α_1-antitrypsin), α_2-macroglobin, inter-α_1-trypsin inhibitor, and α_1-antichymotrypsin.

17. (Previously Amended) The method of claim 10, wherein the disease or condition is selected from the group consisting of myocardial infarction, stroke, hemorrhagic shock, diabetic retinopathy, diabetes, and venous insufficiency.

18. (Original) The method of claim 14, wherein the protease inhibitor is 6-amidino-2-naphthyl p-guanidinobenzoate dimethanesulfonate or a pharmaceutically acceptable salt, acid, ester and other derivatives thereof.

32. (Currently Amended) A method ~~of prophylaxis, diagnosis and treatment~~, comprising:

assessing cell activation in a subject; and, if elevated,

administering activation lowering therapy, thereby preventing a disease or disorder or reducing the risk of a poor outcome of a treatment of a disease or disorder.

33. (Original) The method of claim 32, wherein activation lowering therapy comprises modifications in diet and/or lifestyle.

34. (Original) The method of claim 32, wherein activation lowering therapy comprises administration of a protease inhibitor.

35. (Original) The method of claim 34, wherein the protease inhibitor is a serine protease inhibitor.

36. (Original) The method of claim 34, wherein the protease inhibitor is selected from among α_1-proteinase inhibitor (α_1-antitrypsin), α_2-macroglobin, inter-α_1-trypsin inhibitor, and α_1-antichymotrypsin.

38. (Original) The method of claim 32, wherein activation lowering therapy comprises dialysis.

41. (Previously Added) The method of claim 34, wherein the protease inhibitor is 6-amidino-2-naphthyl p-guanidinobenzoate dimethanesulfonate or a pharmaceutically acceptable salt, acid, ester and other derivatives thereof.

42. (Previously Added) The method of claim 32, wherein cell activation is assessed by assays that measure one or more of the level of free radical production, pseudopod formation, adhesion molecule expression and degranulation.